·								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF									1.				
Effective October 1, 2003									10/7	00	121		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS							Γ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC F	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 ( ) minus 20=		* 10		Ī	X\$ 9=	90	OR	X\$18=	,	
INDEPENDENT CLAIMS			5 minus 3 =		* 2			X43=	86	OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				ľ	+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL	561	OR	TOTAL		
CLAIMS AS AMENDED - PART II									130	1	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	Ī	X43=		OR	X86=	-	
Ĺ		NTATION OF MU		PENDENT	CLAIM			+145=			+290=		
1,9,15,22,27								TOTA		OR	TOTAL		
									Ē	OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)	Г		ADDI-	1 1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	l	X\$ 9=	,	OR	X\$18=	•	
	Independent	*	Minus	***		=	T	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F				. 200		
					t		L	+145=		OR	+290= TOTAL		
	ADDIT									OR	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	.,.	NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Γ	X\$ 9=	,	OR	X\$18=		
	Independent	*	Minus	***		=		X43=		CR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		iber Previously Paid					foun	d in the a	ppropriate box	k in col	umn 1.		